

S/N 09/663,483

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Abraham R. Matthews et al.

Examiner: Benjamin Bruckhart

Serial No.: 09/663,483

Group Art Unit: 2155

Filed: September 13, 2000

Docket: 1384.006US1

Title: SWITCH MANAGEMENT SYSTEM AND METHOD

REQUEST FOR REFUND UNDER 37 C.F.R. § 1.26

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Applicant filed a Petition for a Five-Month Extension of Time on March 8, 2006 along with authorization to charge Deposit Account No. 19-0743 in the amount of \$2160.00. The Extension of Time was not required under MPEP 711.03(c) II A. Applicant respectfully requests that a refund for the Extension of Time in the amount of \$2160.00, be credited back to Deposit Account No. 19-0743.

Please direct this communication to the Refund Section, Accounting Division, Office of Finance.

Respectfully submitted,

ABRAHAM R. MATTHEWS ET AL.

By their Representatives,

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P.O. Box 2938
Minneapolis, MN 55402
(612) 373-6909

Date

April 26, 2006

By

Thomas F. Brennan

Thomas F Brennan

Reg. No. 35,075

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being filed using the USPTO's electronic filing system EFS-Web, and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 26 day of April, 2006.

JACLYN SKIBA
Name

Jaclyn Skiba
Signature

Adjustment date: 06/23/2006 CKHLOK
03/14/2006 CNGUYEN 00000063 190743 09663483
02 FC:1255 2160.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>06/20/06</u>		2 Serial/Patent # <u>09/663,483</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time	IFW	03/13/06	\$ 2,160.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$2,160.00								
8 TO BE REFUNDED BY:											
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Overpayment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>9</td><td>--</td><td>0</td><td>7</td><td>4</td><td>3</td> </tr> </table>			1	9	--	0	7	4	3
1	9				--	0	7	4	3		
	Duplicate Payment										
X	No Fee Due (Explanation):										
No Extensions of time available.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Derek L. Woods</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u><i>Derek L. Woods</i></u>		PHONE: <u>2-3232</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>CKH</i></u>		DATE: <u>6/23/06</u>									

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